

DAPD PENDING INFORMATION UPDATE

COUNTY WELFARE DEPARTMENT ADDRESS

DAPD ADDRESS

Los Angeles State Disability and
Adult Programs Division
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030-9934

County Number	Aid Code	Case Number
—	—	—

Social Security Number
on MC 221 — —

Applicant's Name
(Last, First, MI) —

Date of Birth — —

THIS FORM MUST BE USED WHEN A DISABILITY PACKET IS PENDING AT DAPD AND CHANGED/ADDITIONAL INFORMATION NEEDS TO BE SUBMITTED TO DAPD (DO NOT USE MC 221 TO REPORT CHANGES OR TO UPDATE INFORMATION.).

Check the appropriate box or boxes and complete the information.

1. ☐ CHANGE OF ADDRESS

New address: _____

2. ☐ CHANGE OF TELEPHONE NUMBER

New telephone number: () _____

3. ☐ CHANGE OF SOCIAL SECURITY NUMBER

Corrected number: — —

4. ☐ CASE CLOSED

Date: _____ (Discontinue evaluation)

5. ☐ CLIENT DECEASED

Death certificate attached ☐ Yes ☐ No

6. ☐ NON-ENGLISH SPEAKING

Language spoken: _____

Interpreter name: _____ Phone number: () _____

7. ☐ UPDATED MEDICAL RECORDS ATTACHED

8. ☐ CHANGE OF COUNTY WORKER (See below)

9. ☐ OTHER _____

Worker name (Please print)	Worker number
Date	Telephone number ()